



Saint Rose of Lima School
200 Brentwood Avenue
Warwick, Rhode Island 02886

COVID-19 Screening

Student's Name : _____

Homeroom Teacher: _____

Check any of the symptoms that your student has experienced in the past 3 days.
Check all that apply.

- Cough
- Shortness of Breath
- Difficulty breathing
- New loss of Taste or Smell
- Fever
- Chills
- Muscle Aches
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose

Has your student been in close contact (less than six feet for more than 15 minutes) with anyone with COVID-19? Yes ____ No ____

Has your student been directed to Quarantine or isolate by R.I. Department of Health or by a healthcare provider in the past 14 days? Yes ____ No ____

Has your student traveled anywhere outside of the US in the past 14 days? Yes ____ No ____

If your child has had any of these symptoms in the past 3 days or you answered yes to any of the above questions, then your student cannot enter the building for the safety of others.

Parent/Guardian signature or initials _____

Date _____



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